

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020569

STATE FILE NUMBER

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 58

FILED JUN 3 1963

DO NOT WRITE
ON THIS STUD

AMENDED

VS 300
Rev. 4/59

1 0500

2 0570

3

4 0

5 1

6

7 0

8 2

9 X

10

11 050

12 91-3

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Township		c. CITY OR TOWN Moscow Mills, Mo.	
Length of stay in 1b Accident		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION near Imperial, Mo.		d. STREET ADDRESS (If outside, give location) Moscow Mills, Mo.	
Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First George Middle Thomas Last Price		4. DATE OF DEATH Month May Day 25 Year 1963	
5. SEX M.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 9, 1928
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking Co.	
13a. FATHER'S NAME Louis M. Price		13b. MOTHER'S MAIDEN NAME Hallie Howell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W. W. II		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Virginia Edwards Price		Address Moscow Mills, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3° Burns - 100% of Body		INTERVAL BETWEEN ONSET AND DEATH —	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c) —			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) —		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Truck collision	
20c. TIME OF INJURY Hour 3:50 Month, Day, Year 5-25-63 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION Rock Twp. Jeff Mo
21. I attended the deceased from Coroner's View and last saw her alive on 3:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated: Death occurred at 3:50 P.M.			
22a. SIGNATURE (Degree or title) James P. [Signature]		22b. ADDRESS Featur, Mo.	
22c. DATE SIGNED 5-25-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 25, 63	23c. NAME OF CEMETERY OR CREMATORY Anderson Hill Cemetery	23d. LOCATION (City, town, or county) (State) Lincoln County, Mo
24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home Troy, Mo.		25. DATE RECD. BY LOCAL REG. 5-27-63	26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK

OR

TYPEWRITER RIBBON

JUN 5 1963
JUN 12 1963

JUN 20 1963

JUN 25 1963
NOV 19 1963

MAR 11 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.